Attorney Docket No. LCB425

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Jack E. Caveney, et al.	)	
		)	
Serial No.:	10/814,877	)	Art Unit: 2833
		)	
Filed:	March 31, 2004	)	Examiner:
		)	
For:	High Density Patch Panel	))	

PRELIMINARY AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination of the above-identified application, please amend the specification, claims and drawings as follows:

REMARKS

Claims 1-16 are pending in the present application. Applicants have canceled claims 1-16 and added claims 17-47, to more clearly define the invention. These claim amendments are not considered to narrow the scope of the claims. The Commissioner is hereby authorized to charge the $542.00 fee for 4 additional independent claims and 11 extra claims to Deposit Account No. 16-0228.
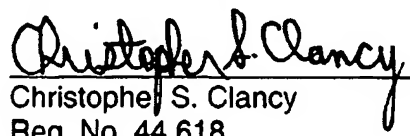
Applicants have amended specification paragraphs [0002]-[0010], [0012]-[0013], [0030], [0033]-[0036] and [0038]. Moreover, Applicants have amended the abstract. These specification amendments provide clarification for the invention, and do not include any new matter.

Applicants submit drawing replacement sheets 3-7. Specifically, FIGS. 5 and 12 add reference numerals 47 and 49, and FIGS. 7, 13-14 and 15-16 add reference numeral 49. These drawing amendments provide clarification for the invention, and do not introduce any new matter.

In view of the above, Applicants respectfully request consideration of claims 17-47.

Respectfully submitted,

Dated: August 3, 2004

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-15-

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20= *	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		385.00	OR	BASIC FEE	770.00
	XS 9=		OR	XS18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL		OR	TOTAL	770

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	31	Minus	20	= 11
Independent	7	Minus	3	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	X$18=	198
X43=		OR	X86=	344
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	542

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.